

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/30/04</u>		2 Serial/Patent # <u>10/684,852</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		2/05/04	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 130								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">9</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> </tr> </table>			5	0	--	2	9	6	0
5	0	--	2	9	6	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Postcard proves allegedly omitted figs were here on</u> <u>day 1. Refund per fee</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Willes</u>			TITLE: <u>Pet Atty</u>								
SIGNATURE: <u>E. Shirene Willes</u>			PHONE: <u>308-6712</u>								
OFFICE: <u>Office of Patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>3/30/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**